

**SSS MARLBORO EXTENSION**  
**Retailer Understanding of Program Elements**

In order to receive the Philip Morris allowance, I understand that participants for the Marlboro Extension will need to reduce the price of **Marlboro** by at least 20¢ a pack or \$2.00 a carton based on the normal non-promotional retail selling price, and offer the reduced price to consumers for 2 weeks from **July 17 - 30, 1995** or **until SSS Marlboro Extension dollars are depleted**.

Additionally, point-of-sale items will need to be placed and maintained in agreed-upon location(s) during the entire price reduction period.

POS Item \_\_\_\_\_ Location \_\_\_\_\_ POS Item \_\_\_\_\_ Location \_\_\_\_\_

POS Item \_\_\_\_\_ Location \_\_\_\_\_ POS Item or retailer advertising \_\_\_\_\_ Location \_\_\_\_\_

**Price in Effect**

**Marlboro**

**Reduced Price**

Pack: \$ \_\_\_\_\_ Ctn: \$ \_\_\_\_\_

**Potential Promotion Allowance Payment**

Payments will be made for full participation in this promotion at the completion of the promotion period.

# Ctns

Total Potential Promotion Allowance is \$ \_\_\_\_\_

Philip Morris reserves the right to audit compliance of any of these program requirements at any time, to audit sales and/or shipment receipts upon request, and to withhold payment for any non-compliance.

Store Name: \_\_\_\_\_ Call # \_\_\_\_\_ Control # \_\_\_\_\_

Store Address: \_\_\_\_\_

Philip Morris Representative (please print) \_\_\_\_\_ Territory # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I understand the elements of the SSS MARLBORO EXTENSION PROGRAM and I will participate.**

Retailer (Please print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Original - Section Office    Copy 1 - PM Manager    Copy 2 - Retailer    Copy 3 - PM Representative

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